

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | S.2      |        | 08-21-01 |
| Q.A.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | LS       | 1089   | 9/30/01  |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ \_\_\_\_\_ Rejected  
 ○ \_\_\_\_\_ Allowed  
 - (Through numerals) Canceled  
 + \_\_\_\_\_ Restricted  
 N \_\_\_\_\_ Non-elected  
 I \_\_\_\_\_ Interference  
 A \_\_\_\_\_ Appeal  
 O \_\_\_\_\_ Objected

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Best Available Copy

08/11/01  
 90/0  
 If more than 150 claims or 10 sections  
 staple additional sheet here  
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